

REMARKS BY
REAR ADMIRAL ROBERT B. BROWN, MEDICAL CORPS, USN
SURGEON GENERAL AND CHIEF, BUREAU OF MEDICINE AND SURGERY
AT COMMISSIONING OF USS REPOSE (AH-16)
SAN FRANCISCO, CALIFORNIA

It was with great personal as well as professional pride and gratification that I received Secretary Nitze's invitation to speak at the commissioning of the USS REPOSE. It has been my privilege to serve on three of our fine hospital ships, two in World War II and one, this very one, in Korea. Mr. Nitze's invitation reached me in Hawaii as I was returning from a visit to our medical facilities in Vietnam and the Western Pacific, more firmly convinced than ever of the great contributions a hospital ship will make to the medical support of our important military operations in Southeast Asia.

The concept of a floating hospital is not a recent one; in fact, hospital ships can be traced back to 1741 when the English fleet invaded Cartagena. Commodore Preble gave the American Navy its first hospital ship during the War with Tripoli. When the fleet left Sicily in 1803 the USS INTREPID was left behind to serve as a hospital. The fleet returned two months later and the INTREPID resumed her place as a ship of the line. True, this first hospital ship was created by designation rather than planning, but a hospital ship nonetheless!

Regulations for hospital ships were published in 1818 but it was not until the Civil War that these vessels again appeared with the fleet. Perhaps the most famous of this era is the RED ROVER, captured from the Confederates and converted to a Navy Hospital Ship. Commodore Foote described her as (and I quote)". . . the most complete thing of the kind that ever floated. . . the icebox holds over 300 tons. She has bathrooms, laundry, elevator for the sick from the lower to the upper deck, amputating room, nine different water closets, gauze blinds to the windows to keep the cinders and smoke from annoying the sick, two separate kitchens for sick and well, a regular corps of nurses, and two water closets for every deck." (End quote).

There followed a succession of hospital ships, converted from liners, each an improvement over its predecessor. When the USS RELIEF joined the fleet in World War I, it was the first ship of our Navy which had been constructed at the outset for hospital purposes.

At the start of World War II, the Navy had two hospital ships in commission, the SOLACE and the RELIEF. The SOLACE was at Pearl Harbor when the Japanese made their infamous attack and she served most capably in caring for casualties. At the height of World War II the Navy manned a fleet of 18 hospital ships and included in these were the six of the Haven class, of which the REPOSE is one. These ships were designed and built from the hull up as 800-bed modern hospitals.

Three of these fine ships served during the Korean War, the REPOSE, the CONSOLATION, and the HAVEN. Each was equipped with a helicopter landing platform, a recommendation of Vice Admiral Joel T. Boone, one of our most distinguished Naval Medical Officers. Casualties could now be flown directly from the battlefield to a floating hospital facility where they received definitive medical and surgical care, frequently only 20-30 minutes after they were wounded. Initial evacuation by helicopter, immediate and thorough professional care on the hospital ship, and further evacuation to shore-based hospitals by trained aeromedical teams, undoubtedly saved hundreds of American lives.

When the HAVEN was placed in the reserve fleet in 1957, to function as a dockside hospital at Long Beach, it marked the first time since the Civil War that the United States Navy lacked the capability of a complete and modern floating hospital, a medical facility that could be underway to an area of need within a few hours after the call for help went forth.

When the REPOSE sails for Vietnam she will not only be adding another illustrious chapter to her long career of humanitarian service, but her new "face lifting" will provide American servicemen with the finest and most advanced medical treatment in history. Scores of men working around the clock at this shipyard have completely overhauled the gallant veteran of World War II and Korea. They have probed, painted and polished her until she looks like new. And she is literally better than ever.

The REPOSE is provided with the most recent hospital equipment and supplies and with a superbly qualified staff. Her medical spaces are designed and located to afford centralized functions and to guarantee maximum patient-care benefits. She is truly a modern diagnostic and treatment facility. Her helicopter pad can receive the heavier craft now in use. If the weather precludes patient transportation by air, ambulatory patients can come aboard by way of one of four ladders and electrically driven hoists will bring litter patients aboard.

There are two crews aboard the REPOSE: the crew responsible for the operation and maintenance of the ship is commanded by Captain Maher and includes 16 officers and 200 enlisted personnel; the 750-bed hospital is commanded by Captain Engle, and is staffed by 24 physicians, three dentists, seven Medical Service Corps officers, two chaplains, 29 nurses and 250 hospital corpsmen and dental technicians.

In addition to providing the basic facilities and capabilities of a large modern hospital, the REPOSE will carry several innovations to front line diagnosis and treatment. For years the Navy has pioneered in the preservation of blood by freezing. As yet we have not used frozen blood in Vietnam but we will have the capability for storing and reconstituting frozen blood aboard this ship. I wish

to emphasize that this is an additional means of meeting peak requirements; it is a supplement not a replacement for the effective whole blood program that has been and is the responsibility of the Army Medical Laboratory in Japan. Frozen blood can be stored for an indefinite period of time and reconstituted, ready for use, within a matter of minutes.

The REPOSE will carry a portable pump-oxygenator, an artificial heart, with the trained personnel to utilize it. The feasibility and importance of repairing damaged blood vessels in the arms and legs in forward medical facilities was definitely established during the Korean War. We believe it should now be determined whether a front line capability to artificially support the circulation of the patient and do direct surgery on the heart (and the large vessels connected to it) is also important.

Aboard the REPOSE will be the most modern of laboratory equipment. Included in the advanced diagnostic techniques available is the one which utilizes an antigen-antibody reaction and a fluorescent dye to rapidly identify the causative organisms of such diseases as tuberculosis and malaria.

Located beneath the helipad is a recompression chamber. This chamber can be used for treating men of flying and diving casualties and also for providing oxygen under pressure for the treatment of certain types of infection including tetanus and gas gangrene.

Finally, the REPOSE will afford an interesting opportunity for the staff to participate in the civic action program. When the work-load permits, the doctors, nurses and corpsmen will be able to go ashore, into the villages, to help and train the local people to solve their medical problems. When it can be done without interfering with our primary mission, care and treatment of the sick and injured members of the Armed Forces, we will make the REPOSE facilities available for training selected Vietnamese doctors and nurses. Civic action activities are winning for us many new and valuable friends; they also provide professionally rewarding outlets for our Medical Department personnel. Naval Medical personnel are already participating in civic action programs with AID, USOM, at the station hospital in Saigon and with the Marines.

In closing, I express my appreciation to all of those who have so capably planned and accomplished the rebuilding of the REPOSE. My congratulations and best wishes go with the splendid crews that have been selected to operate this fine ship and to carry out the professional duties inherent in the mission of her hospital.